

The Michigan Surgeon General's Prescription for a Healthier Michigan

May 4, 2004

A Special Message from Michigan's Surgeon General

As Michigan's first Surgeon General, I serve as the people's health advocate for every Michigan citizen and every Michigan community. It is my job to "tell it like it is" and to provide leadership for moving Michigan toward a state of good health. Governor Jennifer M. Granholm appointed me to serve as the state surgeon general. She charged me with the responsibility of being an advocate for the health of our citizens.

I have had the privilege and the opportunity to meet with thousands of Michigan citizens, health providers, voluntary associations, policy leaders, scientists and researchers, and elected officials.

This report, *The Michigan Surgeon General's Prescription for a Healthier Michigan*, provides a clear picture of where we are and where we need to go — to preserve, protect and promote Michigan's health.

You'll see that the collective picture of Michigan's *current* health (and our projected *future* health) is both alarming and disquieting. Over the last decade our state:

- has experienced unnecessary increases in infectious and chronic diseases and disability driven largely by unhealthy lifestyles;
- has not invested adequately in community-based prevention and screening services that have been proven to reduce high-risk, health-defeating behaviors in children and adults, and
- has not empowered our citizens and policy-makers to choose preserving health over treating disease.

As a result, Michigan has experienced increases in health insurance premiums and costs that threaten the financial viability of both private employers and governmental payers. On our current path, these trends will continue and even accelerate.

I think, however, there are reasons for optimism, and I believe we can and will change our direction. My report highlights effective prevention approaches that give us hope.

Prevention is everybody's business. We must invest in prevention. I urge every Michigan citizen, business and labor leader, health care system and provider, community health advocate, faith-based organization and elected official to carefully consider this report and to join with me in the work necessary to make the *Prescription* a reality. *Together, we can make a difference.*

Sincerely,

Kimberlydawn Wisdom, M.D.
Michigan Surgeon General



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A Word about Michigan's First Surgeon General

Dr. Kimberlydawn Wisdom is Michigan's first surgeon general. She was appointed by Governor Jennifer Granholm in February 2003.

Dr. Wisdom received her master's degree in clinical research design and statistical analysis from the University of Michigan School of Public Health. She is a board-certified emergency medicine physician who was practicing at Henry Ford Health System in Detroit until her appointment as Surgeon General, and an assistant professor of medical education at the University of Michigan Medical Center in Ann Arbor.

Dr. Wisdom founded and directed the Institute on Multicultural Health at Henry Ford Health System. She also directed the Resource Center for Minority Aging Research, Community Liaison Core, funded by the National Institute on Aging. In 1998, she founded and directed a community-based health screening initiative, the African-American Initiative for Male Health Improvement (AIM HI), funded

by the Michigan Department of Community Health. In 2002 she was appointed by Department of Health and Human Services Secretary Tommy Thompson to the Centers for Disease Control and Prevention Diabetes Translation Advisory Committee.

She served on the American Diabetes Association's National Task Force to Revise the National Standards for Diabetes Self-Management, was co-investigator for the CDC-funded grant Racial and Ethnic Approaches to Community Health, and was a reviewer for a National Institutes of Health Study Section. Dr. Wisdom has presented her research on diabetes at national and international meetings, has published articles in peer-reviewed publications, and has written a chapter of *Emergency Medicine — A Comprehensive Study Guide*. In 2002, *Crain's Detroit Business* magazine bestowed its Health Care Heroes Award to Dr. Wisdom for her work targeting the urban health care crisis in the African-American community.

Introduction

Almost every Michigan citizen has read headlines and heard news stories about Michigan's current health crisis:

Parents know that Michigan's children are among the most inactive and sedentary in the nation, and that there are many other health risks facing children, including poor diets, teenage smoking, unintended pregnancies, infectious diseases and lead poisoning.

Physicians and other health providers know that almost two of every three Michiganders are overweight or obese, and that the number of Michigan citizens with Type 2 diabetes is rising.

Employers know that there are double-digit annual increases in health insurance premiums — with no end in sight. And more than 70 percent of health care costs are directly attributable to chronic disease, much of which could be prevented through lifestyle behavior changes.

Elected or governmental officials know that an increasing proportion of the state's general tax revenues must go to pay for Medicaid and other health services in the public sector.

My Prescription for a Healthier Michigan builds on the best available information about Michigan's health status; identifies barriers that have blocked progress toward the mission of protecting, preserving and promoting the health of our citizens; and identifies, by stakeholder group, what each of us needs to do in order to chart a new course for Michigan's health.

The Building Blocks for Improvement and Strategic Health Priorities

As Surgeon General, I led a team of Michigan experts that assessed the health status of Michigan residents and analyzed available information to determine the leading causes of disease, disability and premature death.

The result is *Healthy Michigan 2010, First Edition*, an evidence-based scientific report. *Healthy Michigan 2010* is the first step in documenting Michigan’s current health status, and it helped align Michigan’s health status goals with the *Healthy People 2010* goals for the nation.

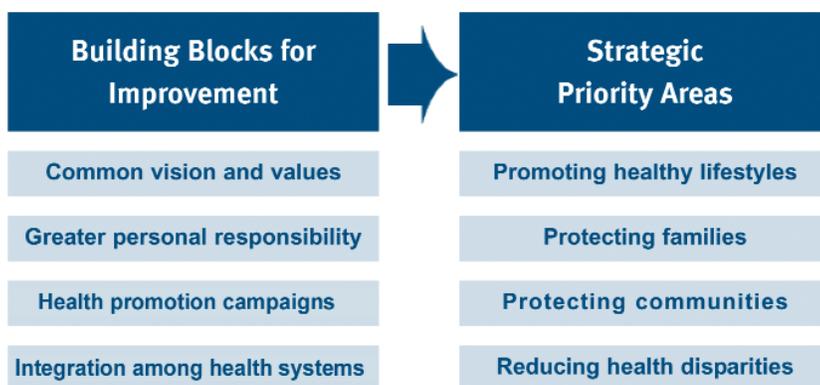
Healthy Michigan 2010 provided the foundation for this *Prescription for a Healthier Michigan*. In addition, we had input from many forums around the state such as Michigan Surgeon General Rounds, strategic planning sessions, consultations with experts (both within and external to state government), and the benefit of a review of the national scientific literature. These activities are the basis for the recommendations presented here.

A number of barriers block our progress toward improved health. These include:

- the lack of a common health promotion vision and values system;
- inconsistent and often inadequate personal and family commitment to a healthy lifestyle;
- unfounded beliefs, misinformation and myths about health, and
- fragmented health care systems within the health community and state and local government.

Addressing these barriers will require new partnerships, new ways of thinking, and new commitments.

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Michigan's key stakeholders

- **Citizens**
- **Schools, colleges and universities**
- **Business and labor communities**
- **Health care systems and providers**
- **Nonprofit health organizations**
- **Local public health organizations**
- **State government, including the departments of community health, education, and the family independence agency**
- **The Michigan legislature**
- **The Governor's Office**
- **Insurers**
- **Foundations and the philanthropic community**
- **Faith-based organizations**

Each citizen of Michigan must assume greater personal responsibility for decisions affecting health. Health is primarily about time. Michigan citizens spend most of their time working, pursuing leisure activities with family or friends, participating in religious and community services, eating, sleeping and so on. Relatively little time is spent on health-related activities, or addressing health needs with a provider. If we use a little more time to take personal responsibility for our own health by getting checkups and making time for exercise, proper rest and other stress reduction activities, we will begin to see improvements.

Still, we need the support of government, the business and labor communities, educators and health care providers to disseminate information, teach health-building skills, develop supportive policies, and provide incentives for helping families preserve and maintain their own health. It is no coincidence that states with the highest health status levels have invested the most time motivating and supporting their citizens to make good choices.

Then we must work hard to reduce the misinformation and myths that prevent our citizens from benefiting from the latest research. There is a considerable body of evidence showing that health promotion and prevention not only work, but often produce results within just a few years. People too often accept the defeatist view that preserving health is somehow outside of their control. They need to know that minimal changes can have a significant impact on health.

For example, every insurance company and employer knows the importance of preventing and managing diabetes in their workforce. Individuals with diabetes use more than five times the amount of health care than individuals without diabetes. A recent diabetes prevention trial conducted by the National Institutes of Health overwhelmingly showed that 58 percent of individuals at high risk for diabetes could prevent conversion to Type 2 diabetes (a life-long chronic disease with complications such as blindness, amputations and kidney failure) if they exercised moderately most days and lost about five to seven percent of their body weight — or about 15 pounds.

Finally, we must integrate our often fragmented health care systems because citizens, community agencies, businesses and even our own health care providers find them confusing. To do so, Michigan needs to come together collaboratively around common information, goals and policies.

Strategic Priorities for Addressing Michigan's Health Burden

The building blocks provide support for initiatives in four strategic priority areas. Within each area there are realistic and attainable goals that can make a significant difference in the health of our citizens. The strategic priority areas are described below.

Strategic Priority: Promoting Healthy Lifestyles

One third of deaths in the U.S. can be attributed to just three unhealthy behaviors: lack of physical activity, poor eating habits and tobacco use. These behaviors often result in chronic disease. Heart disease, cancer, stroke, respiratory disease and diabetes account for two of every three deaths. Furthermore, one out of every three years of potential life lost before the age of 65 is due to a chronic disease. With effort, these unhealthy behaviors can be changed — but at this time many Michigan citizens continue to live lifestyles that do not promote health and well-being.

Physical Activity and Healthy Eating: Most people become overweight as a result of inadequate physical activity and poor diet. Obesity is a contributor to many diseases and conditions, including heart disease, stroke, hypertension, diabetes, several types of cancer, osteoarthritis, asthma, sleep apnea, pregnancy complications, and depression.

- Michigan has ranked in the top 10 states for obesity for over 10 years.
- Sixty-two percent of our adult population (nearly two of every three adults) is obese or overweight. Many Michigan citizens become disabled as a result of obesity.
- Twelve percent of high school students are overweight, and another 15 percent are nearly overweight.
- Physicians all across Michigan are treating children who have clogged arteries, high blood pressure and Type 2 diabetes, previously considered adult conditions.

Tobacco Use: Tobacco use among Michigan adults is higher than the national average. Nearly 15,000 Michigan residents will die this year as a result of tobacco use. Secondhand exposure to smoke causes another estimated 1,800 deaths among adults and children each year.

- ✓ **Promoting Healthy Lifestyles**
 - Arresting adult and pediatric obesity
 - Reducing tobacco use, especially among youth
- ✓ **Protecting Families**
 - Reducing unintended pregnancies
 - Reducing infant mortality
 - Eliminating childhood lead poisoning
- ✓ **Protecting Communities**
 - Preventing and reducing injuries and violence
 - Preventing and reducing the spread of HIV/AIDS and other sexually transmitted diseases
 - Preventing and reducing emerging infectious diseases
 - Creating a health infrastructure prepared for chemical and biological terrorism
- ✓ **Eliminating Health Disparities**
 - Reducing racial and ethnic health disparities



“The key to protecting families in Michigan is to focus on the health of women, infants and children.”

Smoking causes 90 percent of all lung cancers, and contributes to cancers of the mouth, larynx, esophagus, pharynx, cervix and bladder. It also contributes to heart disease, stroke and chronic lower respiratory disease, and is a trigger for asthma.

Tobacco can be a gateway drug for other drug use and abuse. Teens who smoke cigarettes are three times more likely to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use other drugs compared to teens who do not smoke.

Women who smoke during pregnancy are at increased risk of giving birth to babies that are premature, have low birth weights, or have birth defects. Infants exposed to maternal smoke, both during pregnancy and after birth, are three times more likely to die from Sudden Infant Death Syndrome (SIDS) than infants who are not exposed.

Strategic Priority: Protecting Families

The key to protecting families in Michigan is to focus on the health of women, infants and children. We can make a significant difference in the health and well-being of these groups by targeting unintended pregnancies (especially among teens), infant mortality, and childhood lead poisoning.

The Impact of Unintended Pregnancies: In 2000, forty percent of all live births in Michigan were the result of an unintended pregnancy. A baby born of an unintended pregnancy can face enormous health challenges that will threaten his or her survival and ability to thrive in the first year of life and beyond.

- Without adequate care, such babies are more likely to be born prematurely and have a low birth weight.
- Low birth weight babies have a greater chance of having impaired brain development and more learning disabilities than other children.
- Women who have unintended pregnancies are more likely to be users of alcohol, tobacco and other substances.
- There is a strong link between unintended pregnancies, unprotected sex, and transmission of sexually-transmitted diseases, including HIV infection.
- Children born of an unintended pregnancy are more likely to be victims of child abuse and neglect.

The Causes of Infant Mortality (Death) and Morbidity (Illness): Michigan has one of the highest infant mortality rates in the nation. The incidence of infant deaths as well as the prevalence of low birth weight in Michigan fluctuated over the last five years but have remained high. The leading causes of neonatal death include birth defects, premature births, low birth weight and pregnancy complications. More than 90 percent of all neonatal deaths occur when the infant weighs less than 2,500 grams at birth. About 40 percent of very low birth weight infants experience long-term health problems. Native Americans and African Americans have much higher infant mortality rates than other racial and ethnic groups in Michigan. Despite medical and technological advances, low birth weight continues to be a public health problem with enormous individual and societal costs.

Lead Poisoning in Michigan's Children: Lead poisoning is the number one environmental health hazard facing children today. More importantly, it is entirely preventable.

Lead poisoning can cause irreversible brain damage, mental retardation, developmental delays, liver and kidney damage, and in some severe cases, death. It is estimated that 16,000 children have likely been lead poisoned; however, due to the lack of testing, they are undiagnosed.

The smallest amount of lead exposure puts a child in danger. Also, unborn children whose mothers were exposed are at risk. Children under age two have the highest risk of exposure because they are most likely to ingest paint chips and dust. Any child living in a house or apartment built before 1950, which is common in Michigan's urban centers, is especially at risk.

Strategic Priority: Protecting Communities

Existing and emerging diseases threaten our Michigan communities daily. A strong and viable state and local public health structure for providing public health information, with a well-maintained infrastructure (designed to support public health preparedness) is critical to our state's ability to respond to infectious diseases, communicable diseases, the prevention of unintentional injuries and violence, and to assure the health of our citizens.

Public Health Preparedness: Michigan is facilitating activities to upgrade state and local public health organizations, pre-hospital and hospital readiness, interagency collaboration, and preparedness for response to chemical and biological terrorism, other outbreaks of infectious disease, and other public health threats and emergencies. Our program focuses on enhancing capacity in planning; readiness assessment and response; surveillance and epidemiology; laboratory (biologic agents and chemical agents); communications and information technology; and risk communication and health information dissemination and education, training and exercise.

The price of obesity and tobacco



- In 2002, our sedentary lifestyles cost Michigan nearly \$8.9 billion in medical care costs, lost productivity and workers' compensation.
- In 2003, obesity-related medical costs in Michigan totaled \$2.9 billion.
- Overweight and obese individuals can incur up to \$1,500 more in annual medical costs than healthy-weight adults.
- In 1998, tobacco use cost Michigan \$2.65 billion in health care costs.
- In 1999, tobacco use cost Michigan \$3.4 billion in lost productivity.
- Smoking costs Michigan Medicaid nearly \$881 million annually (42 percent of adult Medicaid enrollees are smokers).
- Each taxpayer contributes \$532 each year to cover the health care costs related to smoking.

Unhealthy lifestyles

- 77 percent of Michigan adults and 82 percent of students eat fewer than the recommended five servings of fruit and vegetables a day.
- Approximately 53 percent of adults do not participate in the recommended level of physical activity.
- 24 percent of adults participate in no leisure physical activity.
- 74 percent of Michigan's high school students do not participate in the recommended amount of moderate weekly physical activity (30 minutes or more, five or more days per week).



The price tag for not protecting families



- **Childhood lead poisoning is a tragedy for the families affected, and it costs Michigan millions of dollars each year for medical treatment, lead removal, containment, relocation to lead-safe housing and special education services required to care for lead-affected children.**
- **Over 3,000 Michigan children were diagnosed with elevated blood lead levels in 2003.**
- **Approximately 70 percent of Michigan children under six have never been tested for lead poisoning.**
- **As many as 20,000 Michigan children may be experiencing lead poisoning. Most have no symptoms and have never been tested.**
- **Michigan's infant-mortality and low birth-weight rates have failed to improve over the last seven years.**
- **Infant mortality rates are higher within the urban areas of Berrien, Genesee, Ingham, Kalamazoo, Kent, Muskegon, Oakland, Saginaw, and Wayne counties.**
- **One of three African American mothers and one of six white mothers do not receive adequate prenatal care.**
- **Unintended pregnancies are a significant financial burden for Michigan's Medicaid program. Sixty-five percent of Medicaid births are unintended. If that figure were reduced by just 10 percent, the State of Michigan could save at least \$32 million annually. Every time we spend a dollar to prevent unintended pregnancies, we save \$3 in Medicaid costs for prenatal and newborn medical services.**

Emerging Infectious Diseases: Ever-changing and expanding global interaction and travel have brought formerly exotic new diseases — such as monkey pox, Severe Acute Respiratory Syndrome (SARS), and West Nile Virus — from the world's communities into the United States. In addition to the obvious health implications, there have been profound economic losses, travel restrictions, and discrimination against affected groups. There are no readily available treatments for these emerging diseases, nor are there vaccines or medications to control them.

Infectious Diseases: There is a need for renewed vigilance in addressing and preventing HIV/AIDS, sexually transmitted diseases, and other infectious diseases. An estimated 16,200 Michigan citizens are living with HIV or AIDS, and approximately 1,000 new diagnoses occur each year. Tens of thousands of Michigan women are infected yearly with gonorrhea or chlamydia, two diseases which, left untreated, can lead to infertility.

Vaccine-Preventable Diseases: The increase in immunization rates is one of the greatest success stories in public health, and Michigan is at or near all-time record lows for all vaccine preventable diseases. Maintaining these levels is critical to the health and well-being of Michigan citizens. For example, in 2003 only two measles cases were reported statewide. In that year there were no cases of diphtheria, polio, rubella or tetanus. Prior to vaccine licensure, there were thousands of childhood cases of these diseases. Michigan's recent immunization efforts have moved us from the lowest level of immunization of any state in 1994 (61 percent of children immunized) to sixth best state, at 82 percent in 2002.

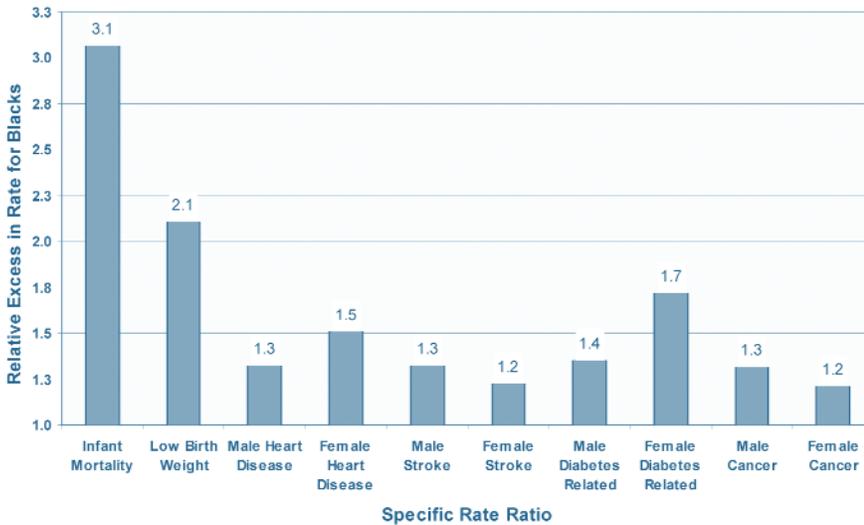
Protecting Michiganians against Unintentional Injury and Violence:

- Motor vehicle crashes are the leading cause of all traumatic deaths in Michigan. In 2002, there were 1,323 motor vehicle-related deaths.
- Homicide is the second leading cause of premature death and third leading cause of death overall in black males.
- Injuries are the leading cause of death for children in Michigan. Many injuries are the result of not using properly seat belts, child safety seats or smoke alarms. Unrestrained children are more likely to be injured, to suffer more severe injuries, or to die in motor vehicle crashes than children who are properly restrained. In 2001, 150 Michigan residents died in fires.
- Homicides, gun violence, sexual assault and domestic violence continue to be major health issues in communities around the state.

Strategic Priority: Eliminating Health Disparities

Many chronic and infectious diseases disproportionately impact racial and ethnic minority populations. This remains true when socioeconomic differences are taken into account. Considering the projected growth of these minority groups, we know

Black to White Rate Ratios
Michigan Residents - 2002



that the impact of chronic diseases will burgeon in coming years. A Michigan Department of Community Health public health workgroup has been established to identify focused strategies to reduce and eliminate these disparities.

At 66.4 years, black males have the shortest life expectancy of adults in Michigan. Life expectancy for white females is the longest — at 79.9 years. The infant mortality rate for black infants is 18.4 per 1,000, compared to 6 per 1,000 for white infants and 5.3 for other groups. Heart disease, cancer, stroke, diabetes, HIV/AIDS, and other chronic diseases disproportionately impact communities of color.

The disparity in health between Michigan's black and white populations is strong and appears across a wide range of health measures. Infant mortality data for 2002 reveals an infant death rate for blacks that is triple that for whites. Low birth weight, a key factor in infant mortality, is twice as high among black infants. Age-adjusted death rates due to most major chronic diseases are much higher in blacks, reaching 70 percent higher for diabetes related death among black females when compared to white females. In 2002, the age-adjusted death rate for HIV in black males is over 12 times that of white males.

Survival from age 15 to retirement age is a benchmark of overall health. The range of poorer health outcomes translates directly into lower life expectancy and depressed survival among minority populations. Currently, 40 percent of black males do not reach the customary retirement age of 65, compared to 20 percent of white males who fail to reach 65. For females, the differential is similar with 25 percent of black females and 13 percent of white females dying before 65.

The price tag for infectious disease and injuries



- For every dollar spent on measles, mumps and rubella (MMR) vaccine, Michigan saves \$13 in health care costs. For every dollar spent on diphtheria, tetanus, and pertussis (DTP) vaccine, Michigan saves \$27 in health care costs.
- All STDs, including HIV, cost Michigan citizens an estimated \$329 million annually.
- Medical care costs associated with injuries in Michigan are estimated to be \$3.6 billion annually. When lost work productivity and quality of life costs are added, the cost increases to \$54.9 billion.

Unintended injury and violence in Michigan

- Injuries are the leading cause of death for Michigan residents ages 1 to 34, the fifth leading cause of death overall, and the second leading cause of years of potential life lost for persons under the age of 75.
- Every other day a worker dies from an injury sustained at work.
- In older adults, the number of falls is unacceptably high, with a 55 percent increase in fatal falls from 1998 to 2001.
- Forty-two percent of 9th- and 25 percent of 12th grade-students in Michigan have been involved in a physical fight in the past 12 months.
- Five percent of all Michigan high school students carried some kind of weapon to school in the last 30 days.



“I ask each person who reads this report to to take action to motivate your community and inspire change. We must embrace prevention practices and invest in a prevention-focused health improvement agenda.”

“Early development and preschool programs can promote literacy skills and ensure that parents understand the importance of early brain development and the need to stimulate children with language, reading and music.”

The Prescription

The Prescription for a Healthier Michigan is my call to action for all citizens of Michigan. Just as I have written prescriptions to treat my patients as an emergency medicine physician, I have written this prescription to bring focus and momentum around some of the most critical deficiencies in our health status and to provide pivotal preliminary strategies that can truly make a difference — just as medical prescription is a written plan to treat an illness or condition. But in the end it's up to each of us, the stakeholders, to take this “treatment plan,” engage in strategic planning for the long term, and achieve measurable outcomes that we can sustain.

Public health is credited with adding 25 years to the life expectancy of people in the United States in the 20th century, but we have thus far failed to adopt the prevention practices that can improve health and reduce costs in the 21st century. Now it's time to take action; we must embrace prevention practices and invest in a prevention-focused health improvement agenda.

Mobilizing all stakeholders to help create a prevention-based environment in our communities will support the health and well-being of all our citizens. I challenge every stakeholder to play a role, to develop partnerships for collaborative action, to leverage human and financial resources, and to make positive, discernable differences in the health of the people in your organizations and within your customer groups. No one can do this alone; each of us has a role to play. I ask each person who reads this report to take action to motivate your community and inspire change.

My recommendations target several stakeholders groups:

The Education Community: A Call to Action

Michigan's education community — early development and preschool programs, K-12 schools and our institutions of higher learning — is a great source of emerging intellectual capital, and is rich with talent and resources. It has an essential role in promoting prevention efforts among individuals, families and communities.

Early Development and Preschool Programs

The early years of life play a key role and help determine whether or not a child reaches optimal growth and development. I encourage programs serving children in Michigan to collaborate to ensure that every child has an opportunity to be healthy, learn and succeed.

I call upon early development and preschool programs to:

- Promote literacy skills and ensure that parents understand the importance of early brain development and the need to stimulate children with language, reading and music.
- Teach parents and children the importance of good oral health habits to prevent tooth decay and gum disease.
- Provide healthy foods and the opportunity to engage in regular physical activity.
- Create a safe and nurturing environment where children are protected from injury and environmental health risks.
- Link with other community resources to support and encourage families who are trying to raise healthy children.

K-12 Schools

Michigan schools have deep roots in each community. They have the structure, the credibility and the opportunity to influence the health and well-being of our children, as well as to provide a foundation for academic achievement and success.

I call upon K-12 schools to:

- Assess school health policies to make sure they support healthy eating and physical activity, and discourage the use of tobacco, alcohol, and other drugs, (Look for a helpful assessment tool by mid-May 2004 — www.mihealthtools.org/schools).
- Adopt the Michigan State Board of Education policy on healthy food and beverage venues.
- Implement a 24-hour, seven-day-a-week, tobacco-free policy for all school grounds and all school-related activities.
- Integrate a comprehensive school health education curriculum into all school programs.
- Adopt a physical education curriculum, and provide other opportunities for physical activity during and after school.

“K-12 schools have the structure, the credibility and the opportunity to influence the health and well-being of our children, as well as to provide a foundation for academic achievement and success.”



“Institutions of higher education are uniquely capable and positioned to conduct research, translate theories and research into practice, and act as liaisons between the public and the scientific community.”

“Business can establish partnerships with community-based organizations, local public health, schools and hospitals to develop outreach and awareness activities and to build communities that support healthy lifestyles.”

Institutions of Higher Education

Each college and university (undergraduate and graduate programs), both public and private, has the capacity and obligation to promote and support healthy behaviors among students, faculty and employees. These institutions are uniquely capable and positioned to conduct research, translate theories and research into practice, and act as liaisons between the public and the scientific community.

I call upon institutions of higher learning to:

- Prepare health professionals to respond to the needs and challenges of the 21st century through professional training programs that are prevention-focused.
- Recruit and retain a diverse professional workforce to conduct research and evaluation relevant to the urgent health issues facing Michigan residents.
- Build bridges between public health organizations and others in the health care community to help turn evidence-based research into best practices and better integrated prevention and treatment efforts.
- Establish partnerships with community-based organizations.

The Business Community: A Call to Action

Businesses are the lifeblood of Michigan’s economy. They have an inherent interest in maintaining the health of their workforce and future workforce, from both humanitarian and economic perspectives. Worksites are convenient and important venues for reaching large numbers of Michigan citizens with health promotion activities and disease prevention strategies.

I call upon the business community to:

- Assess worksites and identify opportunities for employees to eat healthy foods, be physically active, avoid tobacco, and participate in smoking cessation programs.
- Encourage employees to adopt and practice good health habits through worksite wellness activities
- Provide health care benefits that support prevention, while encouraging and establishing incentives to use such benefits.
- Establish partnerships with community-based and local public health organizations, schools and hospitals to develop outreach and awareness activities and to build communities that support healthy lifestyles.

Health Care Providers, Institutions and Organizations, and State and Local Public Health Agencies: A Call to Action

The provider community represents a broad spectrum of professionals and paraprofessionals who address overall health, immunizations, injuries, bioterrorism, chronic diseases and infectious and sexually-transmitted diseases. Health care providers and institutions are credible and trusted sources for diagnosis and treatment of disease and for advice about how to adopt and maintain healthy lifestyles. They also influence policy, and provide leadership in communities, working closely with individuals, families, schools, businesses, community-based organizations and policy-makers.

I call upon health care providers, institutions and organizations, as well as state and local public health agencies to:

- Provide prevention services for all patients, including health promotion and early detection (e.g., screening programs).
- Educate and support patients in maintaining health and self-management of diseases (e.g., the “Taking On” series).
- Recruit and retain a well-trained staff skilled in helping patients with limited reading skills get the health information they need.
- Recruit, train and retain a diverse staff prepared to offer culturally and linguistically appropriate care to patients.
- Identify populations with disparate health care and outcomes, and develop ways to reduce health care disparities in these populations.
- Play a substantial and sustained role in community efforts to advance or promote healthy lifestyles.
- Disseminate health information and tools (such as the Read, Educate and Develop Youth — READY kits).
- Address the need for providing health care (physical, mental and oral) for all patients.
- Test children enrolled in Medicaid or that live in high-risk Zip codes for lead poisoning at 12 and 24 months of age.

The Faith-based Community: A Call to Action

People place their trust in faith-based organizations, which are extremely influential in communities, embracing members and helping to enhance their well-being. The

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“The leaders of the faith-based community must address the challenges affecting the personal health of members, and must provide leadership in developing integrated solutions and support for members and the communities.”

“State and local policy makers have a major role in considering the health implications of the decisions they make that impact community members, schools, businesses, faith-based organizations, and health care providers and institutions.”

faith-based community leadership must address the challenges affecting the personal health of members, and must provide leadership in developing integrated solutions and support for members and the communities.

I call upon faith-based communities to:

- Organize health committees of members to design and implement programs that can help individuals and families be physically active, eat healthy foods, participate in health screenings, avoid tobacco, and manage chronic disease (such as diabetes and HIV/AIDS).
- Develop a plan to disseminate health information to members and to the community at large.
- Create a database of other community resources, and refer members when appropriate.
- Support ongoing activities that promote good health habits, such as the “Walk-by-Faith” Challenge — a pedometer-based walking initiative.
- Participate in the development of a faith-based assessment tool.

The General Community: A Call to Action

Local communities are the backbone of Michigan’s health and well-being. They adopt the policies and create the environments that affect members’ health choices — for good or for ill. They are therefore extremely critical to the overall health and well-being of our citizens. State and local policy-makers have a major role in considering the health implications of the decisions they make that impact community members, schools, businesses, faith-based organizations, and health care providers and institutions.

I call upon all Michigan communities to:

- Engage policy-makers in establishing a clear health focus within the community.
- Assess community policies and the environment with local public health organizations and other stakeholders, using tools such as the Promoting Active Communities assessment, and implement priority initiatives. (The Promoting Active Communities assessment tool is available at www.mihealthtools.org).
- Mobilize and coordinate collaborative efforts that leverage resources among stakeholders, and focus on community strategies to improve health.

A Final Note ... It's Our Prescription, Michigan

It is our own personal choices and commitments that will make the difference in our health and the health of our communities, allowing us to turn our focus from *treating health conditions* to *health promotion and disease prevention*. Unless we ALL take greater responsibility for ourselves, our families, and our communities, Michigan's collective health will not improve.

As your Surgeon General, I will continue to be your advocate and your partner in creating a healthier Michigan. It's our *Prescription for a Healthier Michigan* that will be the centerpiece of change. Every week I speak with hundreds of individuals throughout the state, and I will be bringing the *Prescription* to their attention and asking each individual to play a role in implementing these critical prevention strategies.

I will continue to provide leadership to address health disparity reduction, obesity, public health preparedness, lead poisoning in children, infant mortality and other issues. I will work with Governor Granholm, her cabinet, state agencies, the legislature, including the new bi-partisan, bi-cameral Healthy Michigan Prevention Caucus, the media, health advocates, interest groups, associations and community organizations, and encourage them to be an active part of the solution through their personal actions and contributions to community.

The *Prescription for a Healthier Michigan*, together with *Healthy Michigan 2010*, provides diagnoses of problems we face, and recommends steps to make Michigan a healthier place to live, work, play, and raise a family. If we work together, I am confident that we will one day see Michigan become the healthiest state in the nation.

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